

1. DATE OF INCIDENT 11-JUL-2014		2. NUMBER OF DOCTORS 23:40:00		3. LOCATION CODE 1533 S CHRISTIANA AVE CHICAGO, IL 60623		4. LOCATION CODE 303		5. LOCATION CODE 1021	
6. MEMBER NO. 9161		7. LAST NAME KAHN		8. FIRST NAME BRETT K		9. STAFF NO. 17785		10. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
11. RACE CODE (11 AGE) WHI		12. RACE CODE (11 AGE) [REDACTED]		13. RACE CODE (11 AGE) 702		14. RACE CODE (11 AGE) 193		15. RACE CODE (11 AGE) [REDACTED]	
16. DATE OF APPT 01-AUG-2012		17. EMPLOYER NO [REDACTED]		18. UNIT & BEM OF ASSIGNMENT 010 1065C		19. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		20. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		22. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		23. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		25. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
26. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		33. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		34. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		35. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
36. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		38. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		40. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
41. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		42. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		43. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		44. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		45. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
46. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		47. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		48. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		49. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		50. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
51. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		52. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		53. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		54. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		55. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
56. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		57. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		58. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		59. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		60. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
61. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		62. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		63. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		64. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		65. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
66. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		67. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		68. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		69. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		70. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
71. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		72. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		73. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		74. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		75. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
76. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		77. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		78. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		79. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		80. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
81. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		82. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		83. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		84. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		85. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
86. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		87. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		88. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		89. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
91. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		92. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		93. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		94. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		95. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
96. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		97. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		98. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		99. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		100. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
101. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		102. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		103. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		104. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		105. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
106. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		107. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		108. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		109. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		110. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
111. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		112. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		113. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		114. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		115. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
116. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		117. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		118. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		119. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		120. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

U-11.377 (REV. 11/81)

Log# 107132D  
A11# 2L

# WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

\*THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

☒ REFUSED

☐ UNABLE TO BE INTERVIEWED (Specify Reason)

Smith, after losing his Constitutional Rights from R/L at 0050 Hrs, in a 10th District processing room building cell, stated that he wanted to go home.

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Upon reviewing the officer's sworn report and interviewing subject Simmons, Lisa (CB #18932820), the members in room were in compliance with Department procedures and directives.

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO. AND \_\_\_\_\_ DATED

78 WATCH COMMANDER/OCIC (Print Name)

GILTMIER, BETH A

SIGNATURE

DATE COMPLETED

TITLE

12-JUL-2014 04:08:55

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF

CASE REPORT

ARREST REPORT

SUPPLEMENTARY REPORT

OFFICER BATTERY REPORT

TR FROM SUBJECT REPORTS FROM DEPARTMENT 1 WITNESSES

LOG REPORT

OR INITIATION REPORT

80 TOTAL TRR'S THIS EVENT NO.

4